Patient Care Review:

Pancreatitis

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MNT Basic

Preceptor: CPT Kaefer

Patient

- 70 yo wf
- Admitted Dec. 8
- Chief Complaint: epigastric pain, diaphoresis, nausea, vomiting
- Diagnosis: Acute pancreatitis
  CAD
- Care Plan: Pancreatitis in Adults

Review of Pancreatitis
(Acute)

- Definition:

  Inflammation or infection of the pancreas.

Pancreatic juice: sodium bicarbonate, trypsinogen, chymotrypsinogen, amylase, lipase, glucagon, insulin, and somatostatin

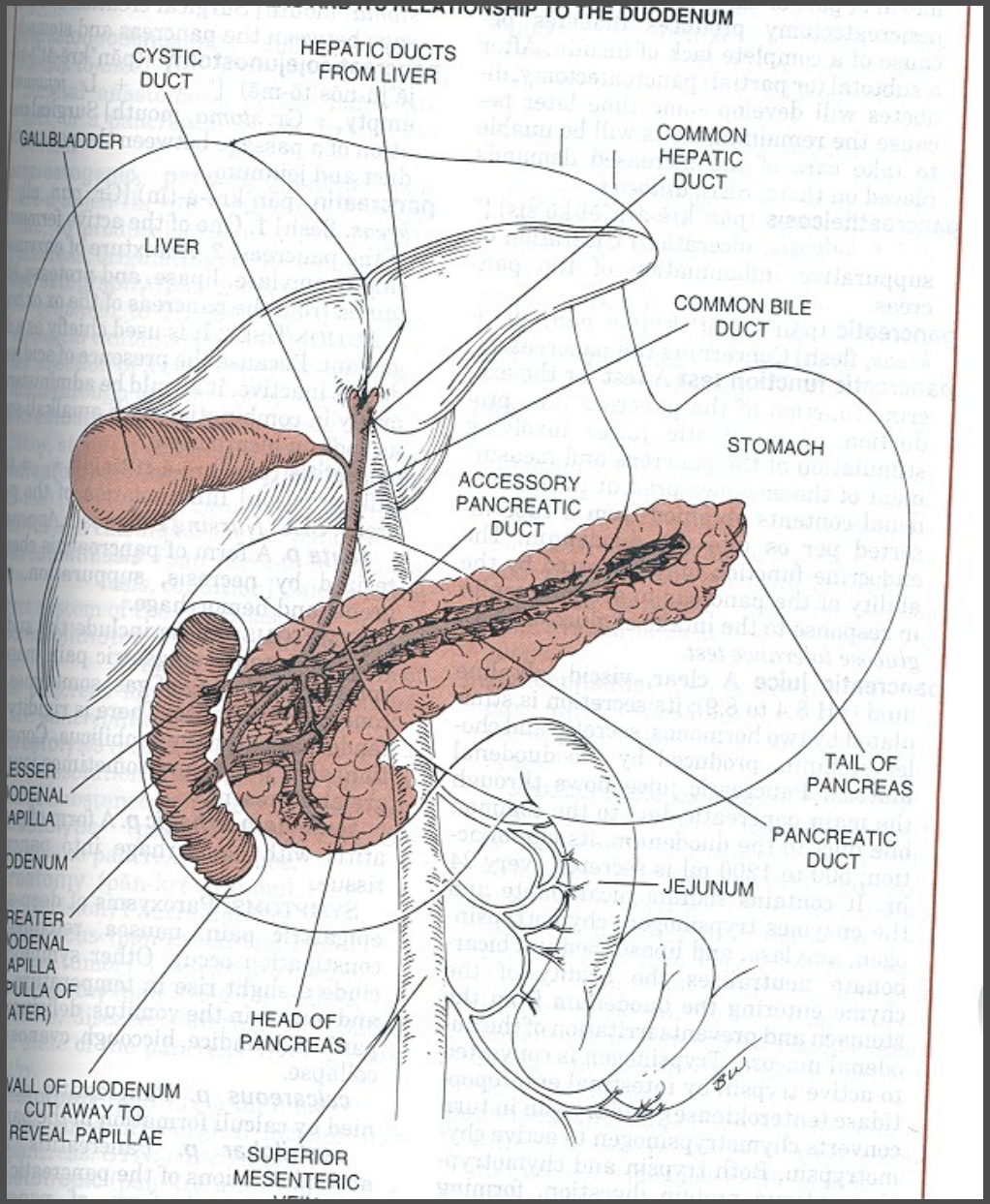
Etiology

- Affects men more than women
- Incidence: 1 in 10,000 people
- Causes:
  - Gallstones (cholelithiasis)
  - Biliary disease
  - Alcohol use

Viral infection, injury, pancreatic or common bile duct surgery, certain medications

Causes of Gallstones

- Gallbladder infections
- An inherited tendency
- Pregnancy
- Obesity
- High fat, low fiber diet


CYSTIC DUCT
HEPATIC DUCTS FROM LIVER
GALLBLADDER
COMMON HEPATIC DUCT
LIVER
COMMON BILE DUCT
STOMACH
ACCESSORY PANCREATIC DUCT
TAIL OF PANCREAS
PANCREATIC DUCT
JEJUNUM
HEAD OF PANCREAS
SUPERIOR MESENTERIC

Signs

- ↑ Amylase serum, urine
- ↑ Lipase serum
- ↑ WBC count
- ↑ Glucose

Symptoms

- Abdominal pain
- Nausea
- Vomiting
- Sweating
- Anxiety
- Fever
- Mild jaundice
- Fatty stools
- Weakness
- Weight loss

Treatment

- Fluid and electrolyte replacement
- NPO status
- Pain relief
- Nasogastric suctioning

Remove problem

- Surgery or endoscopy to remove gallstones
- Medication to dissolve stones
- Sound waves

- Decrease alcohol intake

Prognosis

- Depends on cause
- Acute symptoms usually resolve in about a week
- Gallstones: Good if gallbladder removed

- Alcohol: Good if person doesn’t drink

Nutritional Implications

- Fluid and electrolyte balance
- NPO status
  - Nutrition Support

Past medical history

- 2v ASCAD
- Bilateral 50-69% asympt carotid stenosis
- Recent pneumonia
- Lg. Cell lung Ca
- HLD
- COPD

Family Hx

- Brother died at 33 y of MI

Social Hx

- Tobacco use
- 70 pack/year, quit 8 mo. ago
- No ETOH use reported

Diet Hx

- Ate “good full meals”
- Reported enjoying “heavy” foods
- Had started buying whole grain bread

Current treatment

- Pancreatitis resolving, labs and pain decreased, still inflamed
- CT showed pancreatitis, no gallstones, fat stranding around entire pancreas
- Waiting for decreased inflammation to do laparoscopy cholecystectomy

Diet

- Decreased po intake 3 days PTA (soups, fluids)
- NPO status (9 Dec)
- Notice of PICC placement (15Dec)
- Std. TPN (16 Dec)
- Ind. TPN (18 Dec)
- Clear Liquids (19 Dec), with TPN
- Fat restricted diet (21 Dec), ½ TPN

Anthropometrics

- HT: 65”, 165 cm
- WT: 171#, 77.5 kg
  - UBW 159#, 72 kg
- DBW: 130-158 # (MHWT for 65+)
- 108% DBW
- 108% UBW

Estimated Needs

- 1688 kcal/day (HB)
- 62-93 g Pro/day (0.8-1.2 g/kg)

Significant Labs

Lab (normal)	8 Dec	15 Dec	18 Dec	20 Dec
Na (135-147)	137	136	136	137
Glucose (75-110)	156	94	150	113
PO4 (2.3-4.5)	4.0	3.3	3.4	4.8
Mg (1.7-2.9)	2.1	2.0	2.2	2.4

Significant Labs

Lab (normal)	8 Dec	15 Dec	18 Dec	20 Dec
K (3.8-5.2)	4.6	4.3	5.1	4.8
Alb (3.2-5.0)	2.7	2.4	2.4	3.0
BUN (8-22)	12	3	5	18
Creat (0.5-1.5)	0.6	0.6	0.5	0.6
Amylase (30-110)	869	<30	<30	48
Lipase (23-300)	6685	97	164	209

Significant Medications

- K-Dur
  - DC 19 Dec
- Noted Heparin

TPN

	Standard	Individual
	1.75L 1750 kcal 88 g Pro NaCL, 52.5 mEq NaAcetate 52.5 mEq KCl 44 mEq Kphos 25.7 mEq CaGluc 8.75 MgSO4 17.5 mEq	1.479L 1750 kcal 75 g Pro NaCL, 45 mEq NaAcetate 45 mEq KCl 30 mEq Kphos 15 mEq CaGluc 7.5 MgSO4 15 mEq

Nutritional Diagnostic Statement

Pt is not at risk for protein energy malnutrition as evidenced by tolerance of TPN with adequate kcal and protein to meet estimated needs and weight 108% DBW/UBW.

Care Plan

Goal of Therapy:

- Inhibit activity and secretion of digestive enzymes produced by pancreas
- Maintain fluid and electolyte balance
- Maintain nutrition status
- Avoid unneccessary use of nutrition support
- Minimize complications associated with nutrition support

Plan

- Monitor wt. and labs
- Help transition from nutrition support to oral diet.
- Educate pt on low fat diet at home

Outcomes

Potential Health Outcomes

- Maintain nutritional status
- Prevent loss of lean body mass with adequate kcal/pro during inflammation
- Maintain fluid and electrolyte status
- Minimize risk of infectious complications w/ TPN by transitioning to oral intake as tolerated

Potential Resources Saved

- Shortened length of stay
- Save cost associated w/TPN

Questions??